



# ***Goodwin Elementary Announcements & Events***

***Notices for 2/5/16***

- ***Important Valentine's Message***
- ***\*Rescheduled Date\* Mansfield Parks & Recreation Annual Valentine's Dance  
Friday, February 26, 2016***
- ***Future Huskies Cheer & Dance Clinic  
Saturday, February 27th***
- ***After School Learning Clubs Homework  
Club Grades 2, 3, 4 March 15-April 14***
- ***Raising Readers Parents Club***

- ***Ray Reid Soccer School & Mansfield Parks & Recreation Presents...April Vacation Soccer Camp April 18<sup>th</sup>-22<sup>nd</sup>***
- ***Mansfield Public Schools Preschool Screening May25th, 26<sup>th</sup>, and 27<sup>th</sup>, 2016***

Dear Parents and Guardians,

Happy Valentine's Day to you and your family. I hope everyone had a restful and relaxing few snow days. It is fitting that at this time of year, I wanted to let you know that we have had a few students who are wanting to kiss their classmates or teachers. While this is a natural response because our children feel comfortable and safe here, it is something that I wanted you to know about and that we are discouraging. It is important that our children know that in school, we should not kiss anyone for a number of reasons including others not wanting that type of affection, germs, understanding the difference in affection between family and school mates and teachers. We love your children as they love Goodwin, we just want to make sure that our children understand the importance of appropriate boundaries.

Thank you for your support in this matter.

Susan





# Mansfield Parks & Recreation

*Family, Fitness & Fun*



## ANNUAL VALENTINE'S DANCE



**Rescheduled Date**

**Friday, February 26, 2016**

**UCONN Rome Ballroom, 7:00 p.m. – 9:00 p.m.**

| Time      | Registration Activity Code-390214-A  |
|-----------|--|
| 7:00-9:00 | <p>Come spend an evening of dancing and fun with that special girl(s) in your life. Refreshments and snacks will be served. Photos will be taken and posted online.</p> <p>Traditionally held as a Father/Daughter Dance event but is open to any Parent/Guardian and daughters of all ages. Pre-registration is encouraged. Daughters are free! Sign up early and save! Space is limited.</p> |

**COST:** \$35 for residents through Feb. 26  
\$40 at the door for residents

\$45 non-residents through Feb. 26  
\$50 at the door for non-residents



## ACTIVITY REGISTRATION FORM

PLEASE CHECK REGISTRATION DATES. PLEASE PRINT CLEARLY!

REGISTRATION CAN BE DONE  
ONLINE AT: [MANSFIELDDCC.COM](http://MANSFIELDDCC.COM)

MAIL TO: Mansfield Parks & Recreation Department  
10 South Eagleville Road, Storrs/Mansfield CT 06268

Primary Household Contact/Parent/Guardian | Secondary Contact (include address if different)

|                |     |                |     |
|----------------|-----|----------------|-----|
| Name:          |     | Name:          |     |
| Address:       |     | Address:       |     |
| Town:          | Zip | Town:          | Zip |
| Phone: (H)     | (W) | Phone: (H)     | (W) |
| (Cell)         |     | (Cell)         |     |
| Email Address: |     | Email Address: |     |

**LOCAL Emergency Contact** (Other than parent/guardian, i.e., grandparent, neighbor, etc.)

|       |        |
|-------|--------|
| Name: | Phone: |
|-------|--------|

| Activity #<br>/Letters           | Activity Name | Participant's Last<br>Name | First Name | Birth<br>Date | Sex | Fee |
|----------------------------------|---------------|----------------------------|------------|---------------|-----|-----|
|                                  |               |                            |            |               |     |     |
|                                  |               |                            |            |               |     |     |
|                                  |               |                            |            |               |     |     |
|                                  |               |                            |            |               |     |     |
| Contribution to Scholarship Fund |               |                            |            |               |     |     |
| TOTAL:                           |               |                            |            |               |     |     |

☐ Please Check here if you have purchased a Community Center Membership.

*Some Mansfield residents may be eligible for low-income fee reductions. Check with the Parks & Recreation Office for more information and an application*

Also fill details below for each participant:

|   | Grade (if child) | School (if child) | Physician | Allergies, Special Asst., Meds, Other Info: |
|---|------------------|-------------------|-----------|---|
| 1 |                  |                   |           |   |
| 2 |                  |                   |           |   |
| 3 |                  |                   |           |   |
| 4 |                  |                   |           |   |

**PAYMENT INFORMATION:** Please make checks payable to: Town of Mansfield

Payment method:    Check \_\_\_\_    Cash (in office only) \_\_\_\_    AMEX/DS/MC/Visa (in office only) \_\_\_\_

(separate checks required for each program)

### CREDIT CARDS PAYMENTS ACCEPTED ONLINE OR IN-PERSON ONLY

Signature \_\_\_\_\_

Date \_\_\_\_\_

WAIVER OF PARTICIPANT BY PARENT OR SFLF: I hereby agree to release, discharge, and hold harmless the Town of Mansfield, its directors, officers, employees, agents, contractors, and/or volunteers from any and all liability that may occur during either my participation or the participation of my minor child in the above listed recreational activities. I understand that participation in any recreational or sport activity involves risk, and I grant permission to the Town of Mansfield to utilize any medical emergency services it deems necessary to treat any injuries that I or my minor child may incur. I further understand that the Town of Mansfield does not provide insurance for recreational program participants. PHOTO RELEASE: I understand that for promotional purposes the Town videotapes and/or takes photographs of participants enrolled in recreation activities, classes or programs. I hereby release and permit the Town of Mansfield to utilize for said promotional purposes any photographs and /or videotapes of me or my minor child engages in the above listed recreational activities.

Signature \_\_\_\_\_

Date \_\_\_\_\_



# FUTURE HUSKIES

## CHEER & DANCE CLINIC

Perform with the UConn Cheerleaders and Dancers at halftime  
of the Women's Basketball Game  
vs. Tulane on Saturday, February 27<sup>th</sup>, 2016!

### CHEER CLINIC SCHEDULE

Check-In: 7:30-8:00 AM

Clinic: 8:00-11:15 AM

Lunch With Jonathan: 11:15 AM - 12:00 PM

Gampel/Game Check-In: 12:00 PM



### DANCE CLINIC SCHEDULE

Check-In: 7:30-8:00 AM

Clinic: 8:00-11:15 AM

Lunch With Jonathan: 11:15 AM - 12:00 PM

\* Special Dance Team Showcase Performance! \*

Gampel/Game Check-In: 12:00 PM



### CHEER & DANCE CLINIC DETAILS

**Location:** Hawley Armory - 359 Mansfield Road, Storrs, Connecticut 06269

**Age:** Boys & Girls Ages 4-13

**Cost:** \$40 per participant. Each participant may purchase one family/friend ticket (@ \$20 each). Tickets will be distributed at check-in. Tickets will be first come, first served - **no exceptions and no refunds**. Any additional game tickets can be purchased through the UConn Athletics ticket office at: [www.UConnTickets.com](http://www.UConnTickets.com). **There is no guarantee of ticket availability via Athletics.**

**Payment Information:** Please make check or money orders payable to University of Connecticut. Mail payment along with the registration form to the following address:

University of Connecticut

Student Activities Business Office

2110 Hillside Road, Unit 3008 - Room 314

Storrs, CT 06269-3008

**Deadline:** Payment and registration forms must be received no later than Wednesday, February 24<sup>th</sup>, 2016. Your registration will be confirmed via email. Late registrations will not be accepted.

# FUTURE HUSKIES

## Registration Form

**Participant Cost (\$40) Includes:** A pregame Cheer/Dance Clinic (all halftime routine material will be taught during this time), a photo with Jonathan The Husky during lunch (emailed to the address on the registration form), t-shirt, shaker poms, the opportunity to perform at halftime of the UConn Women's Basketball Game vs. Tulane at 1:00 PM at Gampel Pavilion and a game ticket for the participant. **Same day registrations will not be accepted and no refunds will be given.**

**Attire/What To Pack:** Participants should wear navy and white comfortable athletic clothing and sneakers. UConn gear is always a plus! T-Shirts will be distributed at check-in. Please pack a lunch, water, and snacks!

**Clinic Information:** Hawley Armory is located on Fairfield Way behind the John J. Budds Building on UConn's Storrs Campus. Parking is available across the street from the John J. Budds Building on Mansfield Way as well as certain other lots on campus. A Campus Map can be located here: <http://uconn.edu/content/uploads/2014/11/wholemap.pdf>

Doors will open for check-in at 7:30 AM. Parents/guardians should pick up their game ticket at check-in. All participants are required to have a signed Acknowledgement of Risk, which will be attached to the confirmation email. These Acknowledgements will be collected at check-in. We do ask that parents do not sit in the gym during the clinic. After the clinic, staff will escort the participants to their seats in Gampel Pavilion and will remain with the participants. Staff will then escort the participants from their seats to the tunnel during the first half of the game. After the performance, they will be escorted back to their seats, where parents should meet the children. **Please email [Nicole.Bruno@uconn.edu](mailto:Nicole.Bruno@uconn.edu) with any questions, or call Student Activities at 860-486-6588.**

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Child's Name 1: \_\_\_\_\_ Age (4-13): \_\_\_\_ M or F: \_\_\_\_ T-Shirt Size \_\_\_\_ Cheer or Dance Clinic \_\_\_\_\_

Child's Name 2: \_\_\_\_\_ Age (4-13): \_\_\_\_ M or F: \_\_\_\_ T-Shirt Size \_\_\_\_ Cheer or Dance Clinic \_\_\_\_\_

**\*\* T-Shirt Sizes YXS-AL \*\***

Parent/Guardian Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: (\_\_\_\_) \_\_\_\_\_

Known Food Allergies /Medical Needs: \_\_\_\_\_

Total Number Of Clinic Participants: \_\_\_\_\_ x \$40.00 = \$ \_\_\_\_\_

Number Of Family/Friend Tickets (limit of 1 per participant): \_\_\_\_\_ x \$20.00 = \$ \_\_\_\_\_

Total Amount Due: \$ \_\_\_\_\_

Please Check One: Cash \_\_\_\_ Check \_\_\_\_ (check number \_\_\_\_\_) *Please make checks payable to University of Connecticut.* Mail payment along with the registration form to the following address:

**University of Connecticut**  
**Student Activities Business Office**  
**2110 Hillside Road, Unit 3008 - Room 314**  
**Storrs, CT 06269-3008**

**\*\*Please note that refunds will not be given\*\***

2016 Future Huskies Clinic



# Dorothy Goodwin Elementary School

A great place to grow and learn!

*Bus transportation is available for families who are  
unable to pick students up at 5:00*

GOODWIN ELEMENTARY SCHOOL

STUDENT  
NAME: \_\_\_\_\_

GRADE AND TEACHER : \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DAYTIME  
PHONE NUMBER: \_\_\_\_\_

\_\_\_\_\_ I WILL PICK MY CHILD UP AT 5:00


\_\_\_\_\_ PLEASE HAVE MY CHILD RIDE THE BUS TO  
ADDRESS ABOVE

PLEASE RETURN THIS FORM BY:  
MONDAY, FEBRUARY 29

WE WILL NOTIFY YOU ON MARCH 4TH IF YOUR  
CHILD IS ENROLLED FOR THIS SESSION

QUESTIONS, PLEASE EMAIL JUDY QUINN

QUINN@MANSFIELDCT.ORG



## After School Learning Clubs

GOODWIN ELEMENTARY  
SCHOOL

**Homework Club**  
**Grades 2, 3, 4**



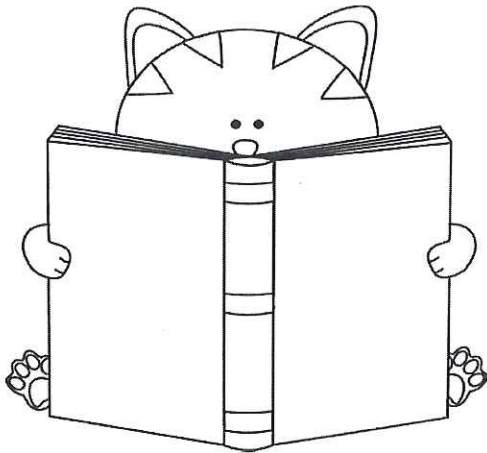
**TUESDAYS AND  
THURSDAYS**

**Hours**  
**3:30—5:00**

*March 15-April 14*



# Raising Readers Parent Club



Reading with your children is one of the most important things you can do as a parent to help them succeed in school...and it's a wonderful way to build a loving relationship with them!

The Town of Mansfield is hosting a free parent club, led by certified instructors, to discuss how to raise children who love to read.

8 Mondays, March 21 to May 16 (no class April 18, school vacation)

5:30-6:30 PM at the Mansfield Senior Center

Refreshments and child care provided








Each participant will receive a free book to share with his/her family each week, and participants who attend each session will receive a free hardcover book at the end of the program.

## Topics include:

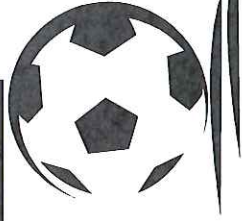
- How to choose a book for your children
- How stories about emotions can help a child's emotional health
- How to balance reading with TV and video games
- How to best take advantage of our local library

Please sign up and direct any questions to Maggie Ferron, Early Childhood Services Coordinator, by March 1 (860 429-3338, [ferronmb@mansfieldct.org](mailto:ferronmb@mansfieldct.org)). Preference given to Mansfield residents, though spots unfilled will be offered to interested non-residents.

### Daily Schedule

-  Group Warm Up
-  Technical Demonstration
-  Technical Work
-  Tactical Demonstration
-  Tactical Work
-  Small Sided Games
-  Bring Water Bottle

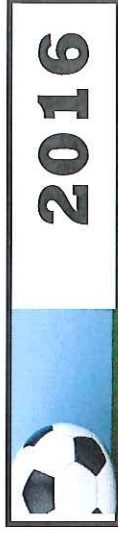
Each camper will receive a T-Shirt and a Certificate of Attendance.



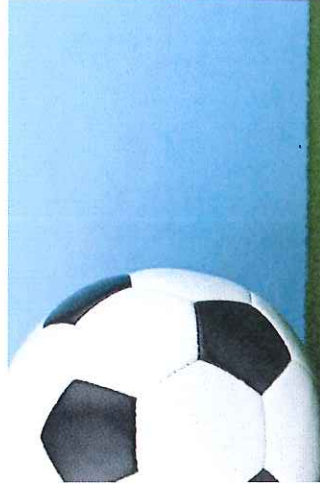
**APRIL 18 - 22, 2016**  
**9:00 A.M. - 12:00 P.M.**

***Lions Club***  
***Memorial Park***  
***Mansfield, CT***

Mansfield Parks & Recreation  
Summer Soccer Camp  
10 South Eagleville Road  
Storrs/Mansfield, CT 06268  
860.429.3015  
rayreiduc@yahoo.com



**Ray Reid Soccer School**  
**and**  
**Mansfield Parks &**  
**Recreation**  
**Presents...**  
**April Vacation**  
**Soccer Camp**  
**Mansfield, CT.**



**APRIL 18 - 22, 2016**  
**9:00 A.M. - 12:00 P.M.**

***Lions Club***  
***Memorial Park***  
***Mansfield, CT***





## April Vacation Soccer Camp

The April Vacation Soccer Camp will offer two soccer programs.

The **JUNIOR PROGRAM**, for players in grades K - 4, is geared for the younger player just beginning in the sport of soccer. The camp will consist of fun games with soccer techniques involved.

The **SENIOR PROGRAM**, for players in grades 5 - 8, providing progressive instruction in techniques and tactics for the beginner.

**Each camper will receive a t-shirt, and a Certificate of Attendance.**

The fee for the camp, for residents, is \$160 per camper and \$170 for non-residents.

For more information please contact  
Valarie Reid @631.455.1782 or email at  
valariereid07@gmail.com

or

Mansfield Park & Recreation  
@ 860.429.3015



## April Vacation Camp Staff

### Ray Reid

Head Coach - University of Connecticut  
Four Time NSCAA National Coach of the Year  
2000 NCAA National Champion - UCONN  
3 National Championships at  
Southern Connecticut State University  
12 Big East Championships  
1 American Athletic Conference Championship  
USSF 'A' Licensed  
Career Coaching Record 414-113-70

### John Donlon

Ray Reid Soccer School - Camp Director  
Tolland Middle School Coach  
NEU - U12 & U14 Boys Coach  
NEU - Youth Director  
CT ODP - U15 Boys Assistant Coach  
USSF National 'D' License

### Andy Parker

Saint Anselm College Men's Soccer  
- Two time Captain  
- Started all 72 games played  
- All-time leader in minutes played  
- 2008 Northeast - 10 All Rookie Team  
- 2011 Northeast - 10 Academic All Conference  
Inti Soccer Academy - Volunteer coach for inner-city youth team  
NEU - Head Coach U10 Boys  
NEU - Head Coach U11 Boys  
USSF National 'D' License

## April Vacation Soccer Camp Registration Form

Kindly make your check payable to **Mansfield Parks & Recreation**  
Please complete & detach the registration form and mail with your check to  
the following address:

**Mansfield Park & Recreation**  
2016 April Vacation Soccer Camp  
10 South Eagleville Road  
Storrs' Mansfield, CT 06268

Price: \$160 Resident, \$170 Non-Resident

Please check the applicable program:

- ☐ JUNIOR Program (grades K - 4)  
☐ SENIOR Program (grades 5 - 8)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (H) \_\_\_\_\_ Cell \_\_\_\_\_  
DOB \_\_\_\_\_ Grade \_\_\_\_\_

### INSURANCE AND EMERGENCY INFORMATION

Physician \_\_\_\_\_  
Phone \_\_\_\_\_  
Physician Address \_\_\_\_\_  
Insurance Co. \_\_\_\_\_  
Policy # \_\_\_\_\_  
Name of Insured \_\_\_\_\_  
Emergency Contact \_\_\_\_\_  
Phone (H) \_\_\_\_\_ Cell \_\_\_\_\_

### GENERAL RELEASE

I hereby agree to release, discharge and hold harmless the Town of Mansfield, its directors, officers, employees, contractors and/or volunteers from any and all liability or damage that may occur during either the participation or the participation of my minor child in the above listed recreational activities. I understand that participation in any recreational or sport activity involves risk and I grant permission to the Town of Mansfield to utilize any medical emergency services it deems necessary to treat any injuries that I or my minor child may incur. I further understand that the Town of Mansfield does not provide insurance for recreational program participants. **PHOTO RELEASE:** I understand that for promotional purposes the Town videotapes and/or takes photographs of participants enrolled in recreational activities, classes or programs. I hereby release and permit the Town of Mansfield to utilize for said promotional purposes any photographs and/or videotapes of me or my minor child engaged in above listed recreational activities.

Signature \_\_\_\_\_ Date \_\_\_\_\_



## Mansfield Public Schools

Preschool Screening for 3 and 4 year olds.

**May 25<sup>th</sup>, 26<sup>th</sup> and 27<sup>th</sup>, 2016**

**Mansfield Public Library  
Buchanan Auditorium  
54 Warrenville Rd.  
Mansfield Center Ct.**

**Contact the office to set up an appointment.  
860-429-6316**

**Your child must be at least 3 by September 1, 2016**